PTO/SB/17 (07-07)

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Under the Paperwor	spond to a collectro	to a collection of information unless it displays a valid OMB control number							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007				Complete if Known					
				тррповионти		09/842,922-Conf. #8395			
						April 27, 2001			
						J M Hannett			
Applicant claims small entity status. See 37 CFR 1.27				Artoni		2622 2091-0241P			
TOTAL AMOUNT OF PAYMENT (\$) 460.00				Attorney Docket No 2091-0241P					
METHOD OF PAY	MENT (check all	that apply)							
Check C	redit Card	Money Order	None		please ident				
x Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch,									
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SE	ARCH, AND EXA	MINATION FEES							
	FILI	NG FEES	SEA	RCH FEES	EXAMI	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description Fach claim over 20 (including Reissues)							Fee (\$) 50	Fee (\$) 25	
Fach independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims Extra Claims Fee (\$) Fee			Fee P	aid (\$)	<u>N</u>	Multiple Depende	ent Claims		
	×				<u>F</u>	ee (\$)	Fee Paid (\$	1	
HP = nighest number of					_	-		_	
Indep. Claims	Extra Claims	Fee (\$)	Fee P	aid (\$)					
HP = highest number of	ndependent claims pa	id for if greater than 3							
		application size	ee due	is \$250 (\$125 f)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof							Fee I	Paid (\$)	
- 100 = (round up to a whole number) x									
4. OTHER FEE(S) Non-linglish Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month								460.00	
SUBMITTEO BY									
Signature 4852 Registration No (Attorney/Agent) 39,491						Date	October 1, 2007		
Name (Print) types Witchael N. Cammarata Date October 1, 20								1, 2007	